Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	AC&G Construction		
ADDRESS			
PO Box 431			
CITY			
Chimayo			
STATE			
NM			
ZIP CODE 87522			
PHONE 505-351-4081	50.	X 5-667-0771	
EMAIL: mcmartinez@lanl.gov	7		
	TION WORK (Check all	l that apply)	
x□ Site Work □ Structural □Carpet □Mechanical	x□ Demolition □ Steel Fencing x□ Roofing x□ Clean Room	□Exterior Utilities □ Masonry x□ Building □ Fire Protection	x□ Paint □ Mechanical (HVAC/Plumbing) □ Electrical □ Nuclear Facility
12 years	our organization been in a	business as a construction of the construction business und	contractor? der its present business name?
Under what former nam	es has your organization	operated?	
qualifications.	s of the key individuals of years – Carpentry, Builde		rith firm, educational training and

List the categories of work that	at vour organizati	on normally pe	rforms witl	h its company personal.	
New Construction		ncrete Work		1 71	
Remodels	Site	e Work			
Additions	Per	manent Founda	itions		
Pro-Panel Installation					
List the major projects your o amount, date/expected comple	etion, percentage	performed with	its compa	ny personal	owner, contact
Various Small projects betw		0,000 Inrough	out Espano	ola & Los Alamos	
Nancy Bears – Addition & Dan Reid – Roof - \$50,000	K001 - \$55,000				
Hector Hinajosa – Addition	- \$40,000				
Tiector Timajosa – Addition	- \$40,000				
List your Trade References					
Bradbury & Stamm – 17 ye	ars – Carpenter, F	Foreman, Super	visor		
DAVIS & Associates – 11 y	years – Carpenter,	, Foreman, Sup	ervisor		
List your Surety company or Machine Sonding	your banking affil	liates.			
What is your organization's c Singlex Has your firm entered into a c Yes □	Aggregate_ contract that had to No □x	o be completed		rety within the past five	e years?
List your Contractor's New M	<u>Iexico license cla</u>	ssification(s):			1
GB98]
Safety History:					
Injury/Illness case ra previous three year pNo accidents	te, and Lost work period.	day case rate fo	or the curre	ication Rate (EMR), To ent period (calendar yeaNo lost workdays	r to-date) and the
Rate Type: Int				_, Monopolistic	
Insurance Carrier:	- D: A				
All-State/No claims –Denni	s Kivera Agency				
(505)753-3133					

What is your firm's N Unknown	North American Industri	al Classification	n System (NAICS) code?	
Check all that apply □ Woman owned □ Disabled Veteran			on if 8(a) Certified or Small Disadvantaged 3(a) Large	advantaged. □ Veteran
Present number of en $x \square 1-20$ $\square 21-$	1 2	□ 61 − 100	□ Over 100	